

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Licensed Midwives  
Certified Nurse Midwives  
Birthing Centers  
Managed Care Plans

**Memorandum No: 05-60 MAA  
Issued: June 28, 2005**

**For Information Call:  
(800) 562-6188**

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration (MAA)

**Subject: Planned Home Births and Births in Birthing Centers: Fee Schedule Changes**

**Effective for dates of service on and after July 1, 2005**, the Medical Assistance Administration (MAA) will implement:

- The updated Medicare Physician Fee Schedule Data Base (MPFSDB) Year 2005 relative value units (RVUs);
- The updated Medicare Clinical Laboratory Fee Schedule (MCLFS).
- One (1.0) percent vendor rate increase.

### **Maximum Allowable Fees**

MAA is updating the Planned Home Births and Births in Birthing Centers fee schedule with Year 2005 RVUs and clinical laboratory fees. The 2005 Washington State Legislature did appropriate a one (1.0) percent vendor rate increase for the 2006 state fiscal year. The maximum allowable fees have been adjusted to reflect these changes.

Attached are updated replacement pages F.1–F.8 for MAA's current *Planned Home Births and Births in Birthing Centers Billing Instructions*.

Bill MAA your usual and customary charge.

### **Diagnosis Reminder**

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4<sup>th</sup> or 5<sup>th</sup> digits if necessary) or the entire claim will be denied.

## MAA's Provider Issuances

To view and download MAA's numbered memoranda and billing instructions electronically, visit MAA's website at <http://maa.dshs.wa.gov> (select the *Billing Instructions/Numbered Memoranda* link).


To request a free paper copy from the Department of Printing:

1. **Go to:** <http://www.prt.wa.gov> (Orders filled daily).
  - a) Click *General Store*.
  - b) If a **Security Alert** screen is displayed, click **OK**.
    - i. Select either *I'm New* or *Been Here*.
    - ii. If new, fill out the registration and click *Register*.
    - iii. If returning, type your email and password and then click *Login*.
  - c) At the **Store Lobby** screen, click *Shop by Agency*. Select *Department of Social and Health Services* and then select *Medical Assistance*.
  - d) Select *Billing Instructions, Forms, Healthy Options, Numbered Memo, Publications, or Issuance Correction*. You will then need to select a year and then select the item by number and title.
2. **Fax/Call:** Dept. of Printing/Attn: Fulfillment at FAX (360) 586-6361/ telephone (360) 586-6360. (Orders may take up to 2 weeks to fill.)

# Fee Schedule

*Due to its licensing agreement with the American Medical Association, MAA publishes only the official, brief CPT procedure code descriptions. To view the entire description, please refer to your current CPT book.*

Use the following procedure codes when billing for Birthing Center services:

Routine Antepartum Care			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/05
 <b>Note:</b> CPT codes 59425, 59426, or E&M codes 99211-99215 with normal pregnancy diagnoses V22.0-V22.2, <b>may not</b> be billed in combination during the entire pregnancy. <b>Do not bill MAA for antepartum care until all routine antepartum services are complete.</b>			
59425		Antepartum care, 4-6 visits. <b>Limited to 1 unit per client, per pregnancy, per provider.</b>	\$450.35
59426		Antepartum care, 7 or more visits. <b>Limited to 1 unit per client, per pregnancy, per provider.</b>	790.02
99211	TH	Office visits, antepartum care 1-3 visits, w/obstetrical service modifier. <b>99211 – 99215 limited to 3 units total, per pregnancy, per provider.</b> Must use modifier TH when billing.	14.40
99212	TH	Office/outpatient visit, est	25.56
99213	TH	Office/outpatient visit, est	34.75
99214	TH	Office/outpatient visit, est	54.36
99215	TH	Office/outpatient visit, est	78.93


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Fee Schedule

Additional Monitoring			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/05
 <b>Note:</b> Midwives who provide increased monitoring for the diagnoses listed on page C.1 and C.2 and are seen in excess of the CPT guidelines for routine antepartum care may bill using the appropriate E&M code with modifier TH.			
99211	TH	Office/outpatient visit, est	\$14.40
99212	TH	Office/outpatient visit, est	25.56
99213	TH	Office/outpatient visit, est	34.75
99214	TH	Office/outpatient visit, est	54.36
99215	TH	Office/outpatient visit, est	78.93

Delivery (Intrapartum)			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/05
59400		Obstetrical care [prenatal, delivery, and postpartum care]	\$1940.42
59409		Obstetrical care [delivery only]	967.73
59410		Obstetrical care [delivery and postpartum only]	1082.46

Postpartum			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/05
59430		Care after delivery [postpartum only]	\$170.96

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Labor Management			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/05
 <b>Note:</b> Bill only when the client labors at the birthing center or at home and is then transferred to a hospital, another provider delivers the baby, and a referral is made during active labor. The following diagnoses must be used 640–674.9; V22.0–V22.2; and V23–V23.9.			
 <b>Note:</b> Labor management may not be billed by the delivering physician. Prolonged services must be billed <b>on the same claim form</b> as E&M codes along with modifier TH and one of the diagnoses listed above (all must be on each detail line of the claim form).			
Use when client labors at birthing center			
99211	TH	Office/outpatient visit, est (Use when client labors at birthing center)	\$14.40
99212	TH	Office/outpatient visit, est	25.56
99213	TH	Office/outpatient visit, est	34.75
99214	TH	Office/outpatient visit, est	54.36
99215	TH	Office/outpatient visit, est	78.93
OR - Use when client labors at home			
99347	TH	Home visit, est patient	27.25
99348	TH	Home visit, est patient	43.15
99349	TH	Home visit, est patient	66.77
99350	TH	Home visit, est patient	98.79
And			
+ 99354 (Add-on code)	TH	Prolonged services, 1 <sup>st</sup> hour. <b>Limited to 1 unit.</b>	59.50
+ 99355 (Add-on code)	TH	Prolonged services, each add'l 30 minutes. <b>Limited to 4 units.</b>	59.05

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Fee Schedule

**Planned Home Births and  
Births in Birthing Centers**

<b>Other</b>			
<b>Procedure Code</b>	<b>Modifier</b>	<b>Brief Description</b>	<b>Maximum Allowable Fee Effective 7/1/05</b>
59020		Fetal contract stress test	\$37.93
59020	TC	Fetal contract stress test	13.85
59020	26	Fetal contract stress test	24.07
59025		Fetal non-stress test	49.04
59025	TC	Fetal non-stress test	11.25
59025	26	Fetal non-stress test	37.79
36415		Drawing blood	2.46
84703		Chorionic gonadotropin assay	8.60
85013		Hematocrit	2.71
85014		Hematocrit	2.71
A4266		Diaphragm	33.92
A4261		Cervical cap for contraceptive use	47.00
57170		Fitting of diaphragm/cap	57.00
90782		Injection, sc/im	11.36
90371		Hep b ig, im [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]	117.74
J2790		Rh immune globulin	93.54
J2540		Injection, penicillin G potassium, up to 600,000 units. [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]	1.35
S0077		Injection, clindamycin phosphate, 300 mg. [Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]	Acquisition Cost

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**Fee Schedule**

<b>Other (cont.)</b>			
<b>Procedure Code</b>	<b>Modifier</b>	<b>Brief Description</b>	<b>Maximum Allowable Fee Effective 7/1/05</b>
J0290		Injection, ampicillin, sodium, up to 500mg. (use separate line for each 500 mg used) <b>[Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]</b>	\$2.21
J1364		Injection, erythromycin lactobionate, per 500 mg. (use separate line for each 500 mg used) <b>[Not billable by a Licensed Midwife. For exception, see Section E - Expedited Prior Authorization.]</b>	2.91
J7050		Infusion, normal saline solution, 250cc	.26
S5011		5% dextrose in lactated ringer, 1000 ml.	Acquisition Cost
J7120		Ringers lactate infusion, up to 1000cc	.93
J2210		Injection methylergonovine maleate, up to 0.2mg	4.31
J3475		Injection, magnesium sulfate, per 500 mg	.12
J2590		Injection, oxytocin	1.13
J0170		Injection adrenalin, epinephrine, up to 1ml ampule	.61
J3430		Injection, phytonadione (Vitamin K) per 1 mg.	2.37
90708		Measles-rubella vaccine, sc	18.22
90471		Immunization admin	5.05
90472		Immunization admin, each add <b>[List separately in addition to code for primary procedure.]</b>	3.03

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**Fee Schedule**

Other (cont.)			
Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/05
S3620		Newborn metabolic screening panel, include test kit, postage and the laboratory tests specified by the state for inclusion in this panel.  <b>[Department of Health newborn screening tests for metabolic disorders. Includes 2 tests on separate dates; one per newborn.]</b>	\$64.40
99401		Preventive counseling, indiv [approximately 15 minutes] Restricted to diagnoses: 648.43 (antepartum) and 648.44 (postpartum) <b>[For Smoking Cessation only]</b>	25.44
99402		Preventive counseling, indiv [approximately 30 minutes] Restricted to diagnoses: 648.43 (antepartum) and 648.44 (postpartum) <b>[For Smoking Cessation only]</b>	42.69
99432		Normal newborn care in other than hospital or birthing room setting, including physical examination of baby and conference(s) with parent(s). <b>Limited to one per newborn. Do not bill MAA if baby is born in a hospital.</b>	78.45
99440		Newborn resuscitation: provision of positive pressure ventilation and/or chest compressions in the presence of acute inadequate ventilation and/or cardiac output	90.39
92950		Cardiopulmonary resuscitation (e.g., in cardiac arrest)	188.27



## Fee Schedule for Facility Fee Payment

MAA reimburses for a facility fee only when services are performed in Birthing Centers licensed by the Department of Health that have a Core Provider Agreement with MAA. The facility payments listed below will be billed by and paid to the midwife who must then reimburse the birthing center.

Procedure Code	Modifier	Brief Description	Maximum Allowable Fee Effective 7/1/05
59409	SU	Delivery only code with use of provider's facility or equipment modifier. <b>Limited to one unit per client, per pregnancy.</b> Facility fee includes all room charges, equipment, supplies, anesthesia administration, and pain medication.	\$733.16
S4005		Interim labor facility global (labor occurring but not resulting in delivery). <b>Limited to one per client, per pregnancy.</b> May only be billed when client labors in the birthing center and then transfers to a hospital for delivery.	366.68



**Note:** Payments for facility use are limited to only those providers who have been approved by MAA. When modifier SU is attached to the delivery code, it is used to report the use of the provider's facility or equipment only.

## Fee Schedule for Home Birth Supplies

### Home Birth Kit

Procedure Code	Summary of Description	Maximum Allowable Fee 7/1/05
S8415	Supplies for home delivery of infant <b>Limited to one per client, per pregnancy.</b>	\$45.00

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Fee Schedule

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